

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

AUG 9 1935

**791  
1003**

24789

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis Mo. (No. City, Sanitarium..... St. .... Ward)

**2. FULL NAME** Walter Barylski

(a) Residence, No. Overland Missouri St., N.R. Ward. Overland Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3 1915</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nil</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Nil</u>	
	10. Date deceased last worked at this occupation (month and year).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Overland Missouri</u>		
MOTHER FATHER	13. NAME <u>Barylski</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT (ADDRESS) <u>W.F. McNamee M.D. 5400 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Calvary Ave</u> DATE <u>7-22</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Baumgardner Bros. Inc. Overland Mo.</u>		
20. FILED <u>JUL 22 1935</u>	<u>J.F. Brebeck</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th 1935

I HEREBY CERTIFY that I attended deceased from July 1st 1935 to July 19th 1935  
I last saw him alive on July 19th 1935. Death is said to have occurred on the date stated above, at 5:34 p.m.

The principal cause of death and related causes of importance were as follows:  
Brachio Pneumonia Date of onset 7/16/35

Other contributory causes of importance: 107  
Chr. Epilepsy 7/1/34

Name of operation..... Date of.....  
What test confirmed diagnosis? chest Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) William F. McNamee, M. D.  
(Address) 5400 Arsenal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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